



# Meeting Room Application

PLEASE COMPLETE AND RETURN BOTH SIDES OF THIS APPLICATION

## I. CONTACT INFORMATION

Organization: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Preference:  PHONE  EMAIL Library Card Number: \_\_\_\_\_

## II. MEETING INFORMATION

Date of Meeting: \_\_\_\_\_

Purpose of meeting: \_\_\_\_\_

Expected attendance: \_\_\_\_\_ Meeting Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

*The library recommends that meetings begin thirty (30) minutes after the library opens to allow time for set-up and arrival of group members. Meetings must conclude fifteen (15) minutes before the library closes. Please allow adequate time for set-up and clean-up when making your request.*

## III. STATEMENT OF UNDERSTANDING

I have read the complete Meeting Room Policy. I understand that meeting rooms may be used by non-profit community groups devoted to educational, civic, welfare, or cultural activities or by local for-profit businesses for meetings and training, but not as a place of business and no goods or services may be sold. I understand that my group may not solicit funds, charge admission, or take up a collection and that admission to this meeting cannot be restricted in any way. The meeting must be open to any member of the public who cares to attend.

I understand that all decisions on the use of the meeting room are at the discretion of the Library Director, subject to review by the Kent Free Library Board of Trustees. I assume responsibility for my group's conforming to Kent Free Library's rules and regulations, for fees incurred, and for any and all damages to the Library's property by members of the group. I understand that the Library has no obligation or responsibility for damage, loss or disappearance of property, or injury to persons for any reason in connection with the use of the premises.

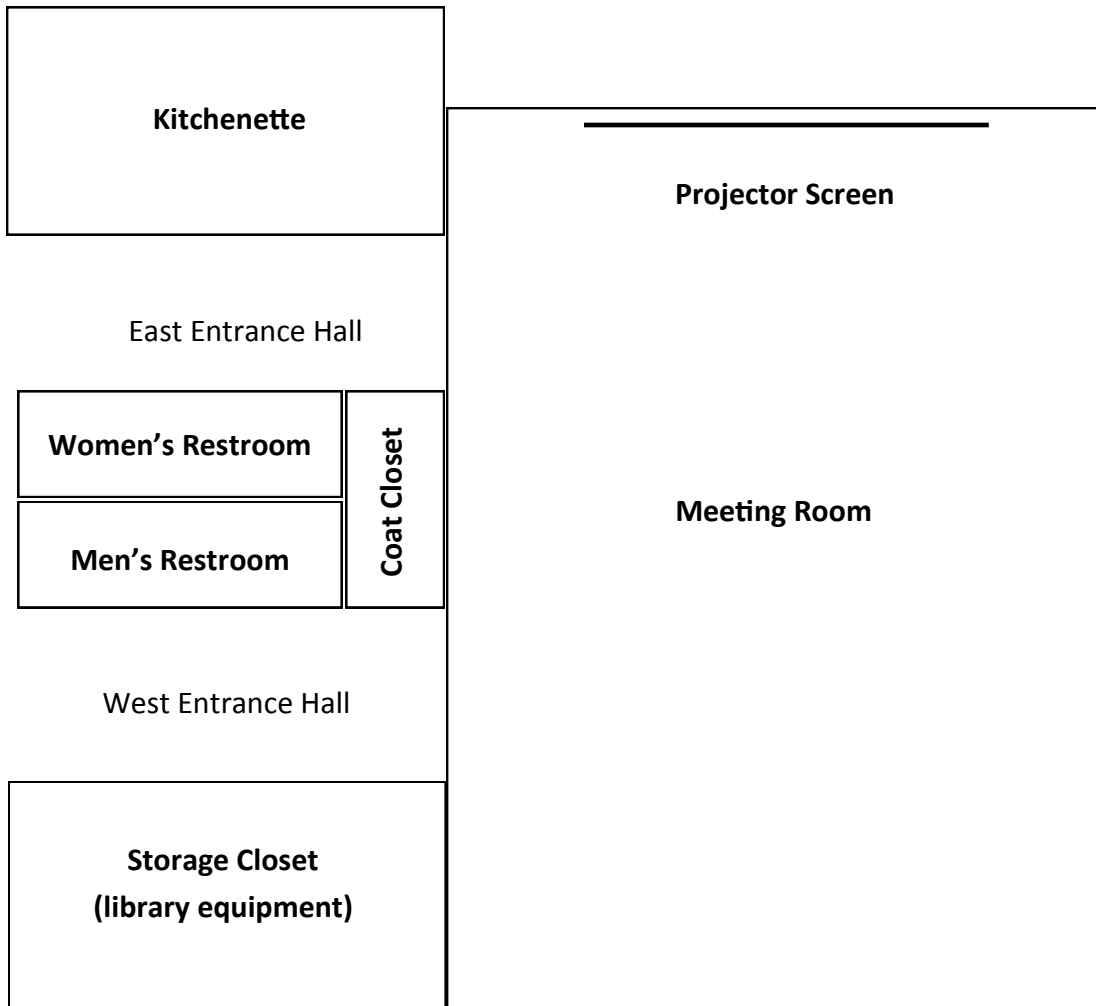
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR STAFF USE ONLY	
Today's Date: _____	Requested Date: _____
Available: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Meeting Room Calendar Updated: <input type="checkbox"/> YES <input type="checkbox"/> NO	Staff Initials: _____
Notes:	

**Library Equipment—Please mark items needed for this meeting:**

- Library to set-up and takedown tables & chairs (\$20.00)
- Multimedia Projector (applicant must provide laptop)
- Microphone
- Kitchenette (\$10.00)
- Lectern

**Meeting Room Layout—Please draw arrangement of tables and chairs if library is to set-up for meeting:**



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**LIBRARY** **FREE**  
**FOR THE PEOPLE**

Monday-Thursday 9-9 Friday 9-6 Saturday 9-5 Sunday 1-5  
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330.673.4414  
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